

## Premium Conversion Plan Form

Outside the annual Open Enrollment period (April 2 – May 15 each year), this form may only be used in the case of a an existing employee who experiences a qualifying event to make coverage changes. For a list of the qualifying events, please see the Shopper's Guide or Summary Plan Description.

Plan Year \_\_\_\_\_

Policyholder's Full Legal Name: \_\_\_\_\_

Last four digits of SSN: \_\_\_\_\_

Policyholder's date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

I, \_\_\_\_\_, wish to make the following change in my Premium Conversion Plan participation:

- Opt INTO the Plan. I understand that by participating in this plan, I will reduce my tax liability, but I may be limiting my ability to make changes in my coverage throughout the plan year.
- Opt OUT of the Plan. I understand that by opting out of the plan, I am agreeing to pay my premiums on a post-tax basis, thereby increasing my tax liability. This election may not be changed until the next open enrollment, except in the case of qualifying event.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

Please return to your Benefit Coordinator. **DO NOT mail it to PEIA!!!**